

P090000019041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

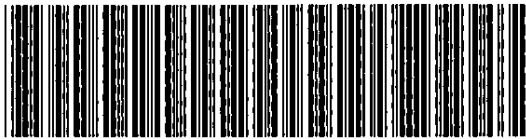
(Business Entity Name)

(Document Number)

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10 AUG 30 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts AUG 31 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

DOCUMENT NUMBER: PO9000019041

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vernica S. Brown
(Name of Contact Person)

Ms Tutu's @ Patrece Place, Inc.
(Firm/Company)

2450 suite 3 Springhill Road
(Address)

Tallahassee, FL 32305
(City/State and Zip Code)

For further information concerning this matter, please call:

Vernicia S Brown at (850) 251-9942
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Aug. 30, 10
PO Box 724
Midway Fl 32343

To whom it concern,

I have no plans of revoking
the dissolution of Ms. Tutu's @ Patrice
Place inc. and I am releasing use
of name immediately.

Kernica B
8/30/2010
President

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Ms. Tutu's @ Patreece Place, Inc.

SECOND: The document number of the corporation (if known):

PO9000019041

THIRD: The date dissolution was authorized:

08/30/10

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

[] Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature:

Vernica Brown

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Vernica Brown

(Typed or printed name of person signing)

President

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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